

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Tech. Center::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)::	No
Number of copies of CRF::	
Title Line One::	Medical Implant Drug Delivery Device
Title Line Two::	
Docket Number::	COCH-0149-US1
Request for Early Publication::	No
Request for Non-publication::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency ::	
Contract or Grant Numbers One::	
Contract or Grant Numbers Two::	
Secrecy Order in Parent Appl.::	No

Applicant Information

Applicant One Authority Type::	Inventor
Primary Citizenship Country::	Belgium
Status ::	Full Capacity
Given Name::	<u>Kristine</u>
Middle Name::	
Family Name::	<u>Debruyne</u>
Name Suffix::	
City of Residence::	
State or Prov. of Residence::	
Country of Residence::	<u>Mechelen</u> <u>BEX</u>
Mailing Address Line One::	Schalienhoevedreef 20 I
Mailing Address Line Two::	
City of Mailing Address::	Mechelen
State or Province of Mailing Address::	
Country of Mailing Address::	Belgium
Postal or Zip Code of Mailing Address::	B-2900

2 - 00 Applicant Two Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status :: Full Capacity
Given Name:: Dirk
Middle Name::
Family Name:: Fiedler
Name Suffix::
City of Residence:: Lane Cove ~~AUX~~
State or Prov. of Residence:: New South Wales
Country of Residence:: Australia
Mailing Address Line One:: 14 Mars Road
Mailing Address Line Two::
City of Mailing Address:: Lane Cove
State or Province of Mailing Address::
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2066

3 - 00 Applicant Three Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status :: Full Capacity
Given Name:: Thomas
Middle Name::
Family Name:: Kaiser
Name Suffix::
City of Residence::
State or Prov. of Residence::
Country of Residence:: Mechelen ~~BEX~~
Mailing Address Line One:: Schalienhoevedreef 20 I
Mailing Address Line Two::
City of Mailing Address:: Mechelen
State or Province of Mailing Address::
Country of Mailing Address:: Belgium
Postal or Zip Code of Mailing Address:: B-2900

4 - 00 Applicant Four Authority Type:: Inventor
Primary Citizenship Country:: Belgium
Status :: Full Capacity
Given Name:: Ben
Middle Name::
Family Name:: Kloeck
Name Suffix::
City of Residence:: Mechelen ~~BEX~~
State or Prov. of Residence::
Country of Residence:: Mechelen
Mailing Address Line One:: Schalienhoevedreef 20 I
Mailing Address Line Two::
City of Mailing Address:: Mechelen
State or Province of Mailing Address::
Country of Mailing Address:: Belgium
Postal or Zip Code of Mailing Address:: B-2900

5 - 00 Applicant Five Authority Type:: Inventor
Primary Citizenship Country:: Australia/Yugoslavia
Status :: Full Capacity
Given Name:: Dusan
Middle Name::
Family Name:: Milojevic
Name Suffix::
City of Residence:: Westleigh ALX
State or Prov. of Residence::
Country of Residence:: Australia
Mailing Address Line One:: 63 Doueba Drive
Mailing Address Line Two::
City of Mailing Address:: Wesleigh
State or Province of Mailing Address::
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2120

6 - 00 Applicant Six Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status :: Full Capacity
Given Name:: John
Middle Name::
Family Name:: Parker
Name Suffix::
City of Residence:: Roseville ALX
State or Prov. of Residence::
Country of Residence:: Australia
Mailing Address Line One:: 9 Moore Street
Mailing Address Line Two::
City of Mailing Address:: Roseville
State or Province of Mailing Address:: New South Wales
Country of Mailing Address:: Australia
Postal or Zip Code of Mailing Address:: 2069

Correspondence Information

Correspondence Customer Number:: 22,506
Name:: Jagtiani + Gutttag
Street of mailing address:: 10363-A Democracy Lane
City of mailing address:: Fairfax
State or Province mailing address:: VA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 22030
Phone Number:: 703-591-2664
Fax Number:: 703-591-5907
E-Mail Address:: iplaw@jagtiani.com

Representative Information

Representative Customer Number:: 22,506

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/AU03/001584	11-28-03

Foreign Application Information

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2002952995	11-29-02	Yes
Australia	2002952997	11-29-02	Yes
Australia	2002952998	11-29-02	Yes

Assignee Information

Assignee name:: Cochlear Limited
Street of mailing address one:: 14-16 Mars Road
Street of mailing address two::
City of mailing address:: Lane Cove
State or Province of mailing address:: NSW
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2066